

Applicant Checklist/Table of Contents

The items below are required elements of the application. If any of the following items are omitted from the application, the application will be considered incomplete and out of compliance with this RFA will not be reviewed. Please review carefully and check off each item before the application is mailed. Indicate the page number for each section.

Page Number

- ☐ Application Cover Sheet (Attachment I)-----
- ☐ Agency Information Sheet (Attachment II)-----
- ☐ Applicant Checklist/Table of Contents (Attachment III)-----
- ☐ Male Involvement Program Project Profile (Attachment IV)-----
- ☐ Applicant Capability (3 page limit)-----
- ☐ Community Collaboration (4 page limit and Attachment V)-----
- ☐ Male Involvement Program Collaborative Roster (Attachment V)-----
 - ☐ Letter(s) of Commitment, if applicable-----
 - ☐ Memorandum(s) of Understanding (MOU), if applicable-----
- ☐ Clinical Linkage Services Collaboration-----
- ☐ Community Needs Assessment (3 page limit)-----
- ☐ Project Description (6 page limit)-----
- ☐ Scope of Work (Attachment VII for fiscal year 04-05 -no page limit; and
one page narrative for each fiscal year 05-06 and 06-07)-----
- ☐ Evaluation Plan (3 page limit)-----
- ☐ Budget and Budget Justification-----
- ☐ Attachment Section-----
 - ☐ Organizational Chart-----
 - ☐ Duty Statements-----
 - ☐ Resumes-----
 - ☐ List of Board of Directors-----
 - ☐ Proof of Non-profit Status or Local Health Jurisdiction Resolution-----
 - ☐ School Agreement Form(s) (Attachment VI)-----
 - ☐ Curriculum Profile (Attachment VII)-----
 - ☐ Payee Data Record (Attachment X)-----
 - ☐ Reference Form (Attachment XII) (New Applicants Only)-----
 - ☐ *Incoming* Funds by Source Related to Youth and Pregnancy Prevention (Attachment XIII)---
 - ☐ *Anticipated* Funds by Source Related to Youth and Pregnancy Prevention (Attachment XIV)-----